



Substitute for Form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary) Sheet 1 of 1	COMPLETE IF KNOWN	
	Application Number	10/501,297
	Filing Date	July 12, 2004
	First Named Inventor	Gerd Hinzmann
	Art Unit	1647
	Examiner Name	Unknown
Attorney Docket No.		HWKZ 2 00008US

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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OTHER - NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume issue number(s), publisher, city and/or country where published		T
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Examiner Signature		Date Considered	9/6/06
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